

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re

JOINT AFFIDAVIT

**MOTORS LIQUIDATION COMPANY, et al.,
f/k/a General Motors Corp., et al.**

**Chapter 11 Case No.:
09-50026 (REG)**

Debtors.

(Jointly Administered)

**STATE OF NEW YORK)
COUNTY OF MONROE) ss:**

SALVATORE SCIORTINO and VIVIAN SCIORTINO, being duly sworn, hereby
state under penalty of perjury:

1. We are creditors in the bankruptcy proceeding filed by Motors Liquidation Company, et al., formerly known as General Motors Corporation, et al. ("General Motors");
2. We appear in the above-captioned action, *pro se*, representing ourselves, and certainly appreciate this Court's continued courtesies extended to us.
3. We reside together as husband and wife at 461 Chambers Street, Spencerport, New York 14559, in the County of Monroe and within the Western District of New York.
4. I, Salvatore Sciortino, have been also referred to as Sam Sciortino or Samuel Sciortino and along with my wife, we have previously resided at 2502 South Union Street, Spencerport, New York 14559, as reflected in various previously submitted legal documents.
5. We submit this Joint Affidavit in addition to the Proof of Claim form and all other supporting documentation attached to our Proof of Claim form and request that the Court accept this Joint Affidavit in addition to the Proof of Claim and supporting documentation.

6. I, Salvatore Sciortino, have retired through General Motors and have remained eligible for total and permanent disability as a result of an approved disability claim with General Motors.

7. The disability claim is a result of a work-related injury that occurred on September 20, 1984 at the Rochester Products, Inc. plant formerly located on Lee Road in Rochester, New York, which then became Delphi.

8. Following this work-related injury, I have consistently been on an uninterrupted worker's compensation/permanent disability leave.

9. In fact, I am still being medicated for ongoing pain and suffering related to the work-related injury of September 20, 1984 by Shannon D. Pitts, M.D.

10. As I previously indicated to this Court by letter dated June 21, 2011, it is very difficult for me to travel so I am unable to appear before this Court in person. I provided a medical record from Shannon D. Pitts, M.D. outlining my condition, which remains unchanged, as well as a copy of a prescription slip from our local Rite-Aid Pharmacy indicating that I am still being medicated for ongoing pain and suffering related to the work-related injury.

11. My current worker's compensation weekly benefits are set at \$135.00 per week. The workers compensation claim is through Sedgwick Claims Management Services, Inc. which maintained an address of P.O. Box 69, Southfield, MI. 48037-0069. We understand that the address may have been changed recently to General Motors Disability Operations, P.O. Box 14607, Lexington, Kentucky, 40512.

12. My current monthly pension benefit is a gross amount of \$654.36, and net payment of \$601.36 following deductions.

13. As a result of the disability and workers compensation, I annually receive the total of \$14,332.32, a monthly amount of \$1,094.36.

14. It is our joint request that we be permitted to remain eligible for health care benefits including medical, dental, and vision without the self-pay contract under COBRA, and not subject to any termination by the result of the bankruptcy court filing by General Motors.

15. In addition to our joint request that these benefits should be extended and paid through the bankruptcy proceeding, we also request payment of thirty percent (30%) of \$2,475.00 (specifically \$742.50) regarding dental services that were not paid and previously attached to our Proof of Claim form and incorporated herein.

16. Seventy percent (70%) of the \$2,475.00 (specifically \$1,732.50) was paid by Delta Dental self-pay contract under the terms of COBRA. Our dental coverage under COBRA is \$103.21 monthly, and our vision coverage under COBRA is \$7.31 monthly. If we miss a payment and lose COBRA we cannot re-enroll for these benefits and could be placed at risk medically.

17. We wish the Court to know that we have been laborers our entire life reporting to work on a timely basis and performing all duties required of us.

18. Throughout my entire working career, my labor position required me to lift and pack heavy boxes containing carburetors, canisters, and valves, which were then used on the line by me and others in building carburetors to be used in vehicles. The lifting, packing, and line work was hard work, and I was proud of my job and my work.

19. Unfortunately, it seems as though I have lost my employment rights, specifically, the right to return to work, as I have not been permitted to perform even a light duty job within my restrictions. I have been disabled for many years and have substantiated this disability through the medical records submitted to the Worker's Compensation Board.

20. General Motors should remain liable for my injury sustained on the job and continue payment of all retirement pension benefits including disability and workers compensation with an opportunity for me to remain a retiree on disability leave as to protect my investments and savings.

21. I have complied with all requests made of me all along the way by General Motors including various visits, medical evaluations and screens, worker's compensation appearances, and document submission for my medical expenses.

22. Said combined benefits should continue uninterrupted until a determination is made by the Workers Compensation Board with regard to ineligibility and, respectfully, not by any other court or persons.

23. Our understanding is that the ERISA Insurance Retirement Pension Protection benefits that are to take affect do not guarantee employment, retirement or disability rights.

24. We respectfully request that this Court not discharge any contract entered into prior to the bankruptcy, specifically my workers compensation, disability, and pension benefit contract, until the disability has been terminated.

25. My case is open, I am receiving disability benefits, and my disability has not terminated whatsoever. I contend that you will agree that any termination should be within the jurisdiction of the Workers Compensation Board of the State of New York and not any other court or persons.

26. All of the workers compensation, disability, and pension benefits should all be honored and not discharged as a result of the bankruptcy filing.

27. We trust that the United Auto Workers union ("UAW") has continuously argued these points in our behalf as well.

28. Lastly, with regard to our claim as Joint Tenants with a Right of Survivorship, for the par value of the issued shares of stock, to us, attached are the following stock certificates:

- A. General Motors Stock No. NE402-603 consisting of fifty (50) fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Vivian Sciortino and Sam Sciortino as Joint Tenants with Right of Survivorship and not as Tenants in Common, on February 8, 1968, and registered with Chase Manhattan Bank;
- B. General Motors Stock No. NX330285 (Account No.: 17094-58256 and CUSIP No.: 370442 10 5) consisting of fifty (50) fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Vivian Sciortino and Sam Sciortino as Joint Tenants, on March 31, 1989, and registered with Morgan Shareholder Services Trust Company; and,
- C. General Motors Stock No. NX944523 (Account No.: 58001 069-40-9190 and CUSIP No.: 370442 10 5) consisting of thirty (30) shares fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Salvatore Sciortino, on May 17, 1989, and registered with Morgan Shareholder Services Trust Company.

29. Accordingly, please accept all documentation we have submitted to the Court in the Proof of Claim form and other various correspondence previously filed with this Court including the exhibits to our Joint Affidavit attached hereto, as matters we would testify to at any evidentiary hearing or trial in this matter.

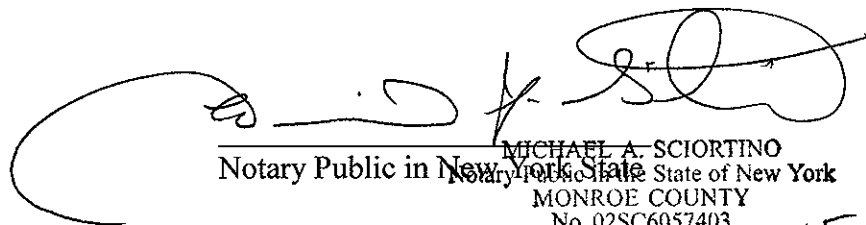
30. This Joint Affidavit is based upon our personal knowledge of the facts and circumstances in this matter, and information available to us.

Dated: November 10, 2011


SALVATORE SCIORTINO

STATE OF NEW YORK)
COUNTY OF MONROE) SS:

On the 10th day of November, 2011, before me, the undersigned, personally appeared **SALVATORE SCIORTINO**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the entity upon which the individual acted, executed the instrument.

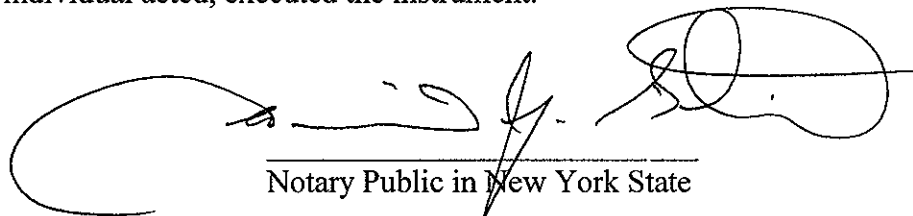

MICHAEL A. SCIORTINO
Notary Public in New York State
MONROE COUNTY
No. 02SC6057403
Commission Expires April 16, 20 15

Dated: November 10, 2011


VIVIAN SCIORTINO

STATE OF NEW YORK)
COUNTY OF MONROE) SS:

On the 10th day of November, 2011, before me, the undersigned, personally appeared **VIVIAN SCIORTINO**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual or the entity upon which the individual acted, executed the instrument.


Notary Public in New York State
MICHAEL A. SCIORTINO
Notary Public in the State of New York
MONROE COUNTY
No. 02SC6057403
Commission Expires April 16, 20 15

NE402-603

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INCORPORATED UNDER THE LAWS

OF THE STATE OF DELAWARE
GENERAL MOTORS CORPORATION
THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, CHICAGO, DETROIT, SAN FRANCISCO, WILMINGTON, DEL., TORONTO, OIL MONTREAL

VIVIAN SCIORTINO & SAM SCIORTINO
AS JOINT TENANTS
WITH RIGHT OF SURVIVORSHIP AND NOT
AS TENANTS IN COMMON

This is to Certify that

*** FIFTY ***

FULLY PAID AND NON-ASSESSABLE SHARES OF THE PAR VALUE OF ONE AND TWO-THIRDS DOLLARS EACH OF THE COMMON STOCK

of General Motors Corporation, transferred in person by duly authorized officers of a member of this Certificate properly endorsed. This Certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all Amendments thereto and, by the terms thereof. This Certificate is not valid until countersigned by a Transfer Clerk and registered by the Registrar. When the signatures of its duly authorized officers FEBRUARY 8, 1968.

TRANSFER CLERK

Edward B. Hallace
SECRETARY

E. M. Cole
PRESIDENT

AUTHORIZED SIGNATURE

REGISTERED
THE CHASE MANHATTAN BANK,
NATIONAL ASSOCIATION

402603

SEE REVERSE
FOR CERTAIN
DEFINITIONS

INCORPORATED AND REGISTERED

MORGAN SHAREHOLDER SERVICES TRUST COMPANY

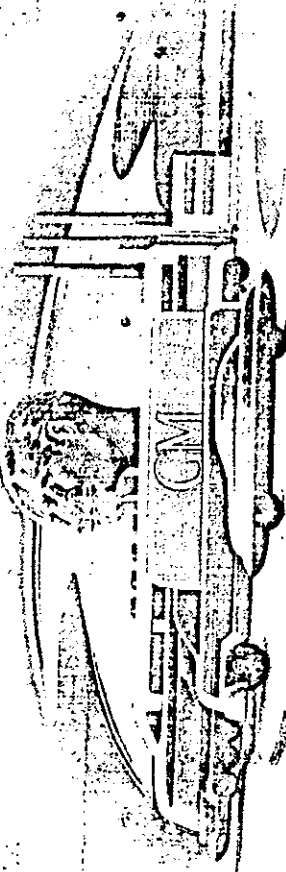
TRANSFER AGENT
AND REGISTRAR

BY *Lorne H. Pease*

AUTHORIZED OFFICER

PAR VALUE \$123

-50-



OF THE STATE OF DELAWARE

GENERAL MOTORS CORPORATION

1702A-56256

CUSIP 370442 10 5

VIVIAN SCIORIING & SAM
SCIORIING JT TEN
2502 SOUTH UNION STREET
SPENCERPORT NY 14559

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0500000000
0500000000
0500000000
0500000000

This is to Certify that

FIFTY

FULLY PAID AND NON-ASSESSABLE SHARES OF THE COMMON STOCK

of General Motors Corporation, transferable in person or by duly authorized officer upon surrender of this Certificate properly endorsed. This Certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all the amendments thereto. This Certificate is not valid until countersigned by the Transfer Agent registered by the Registrar. Witness the signatures of its duly authorized officers

Paul J. Zwick
SECRETARY

MAR 31, 1959

Robert B. Smith
CHAIRMAN OF THE BOARD

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, TORONTO OR MONTREAL

PAR VALUE \$123

NX 944523

PAR VALUE \$123

-30-

INCORPORATED UNDER THE LAWS

GENERAL MOTORS CORPORATION

OF THE STATE OF DELAWARE

58001 069-40-9190

This is to Certify that

SALVATORE SCIORTINO
2502 S UNION ST
SPENCERPORT NY 14559

CUSIP 370442 10 5

30000000
30000000
30000000
30000000

is the owner of

THIRTY

FULLY PAID AND NON-ASSESSABLE SHARES OF THE COMMON STOCK

of General Motors Corporation, transferable in person or by duly authorized attorney upon surrender of this Certificate properly endorsed. This Certificate and the shares represented hereon are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all the amendments thereto. This Certificate is not valid until countersigned by the Transfer Agent and registered by the Registrar. Witness the signatures of the duly authorized officers

MAY 17, 1989

Paul J. Glick
SECRETARY

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, TORONTO OR MONTREAL

Robert B. Smith
CHAIRMAN OF THE BOARD

SEE REVERSE
FOR CERTAIN
DEFINITIONS

COUNTERSIGNED AND REGISTERED BY
MORGAN SHAREHOLDER SERVICES TRUST COMPANY
TRANSFER AGENT
AND REGISTRAR
James H. Pease
AUTHORIZED OFFICER



Explanation of Benefits

(THIS IS NOT A BILL)

www.deltadentalmi.com

Patient Name: **SALVATORE SCIORTINO**
Date of Birth: **03/30/1943**
Relationship: **SUBSCRIBER**
Subscriber: **SALVATORE SCIORTINO**

Business/Dentist: **MAHENDRA S VORA**
License No.: **36975 / NY (NPI: 1447351341)**
Check No.:
Issue Date: **09/08/2009**
Receipt Date: **08/19/2009**
Claim No.: **0908283109031**

GO GREEN! A NEW CONSUMER TOOLKIT FEATURE ALLOWS YOU TO STOP DELIVERY OF PAPER EXPLANATION OF BENEFITS (EOB) STATEMENTS AND INSTEAD VIEW AND PRINT EOB'S ONLINE. ONCE ENROLLED, EMAILS WILL BE SENT TO YOU WHEN NEW EOB'S ARE AVAILABLE FOR VIEWING IN CONSUMER TOOLKIT. GO TO WWW.DELTADENTALMI.COM/CONSUMERTOOLKIT AND SIGN UP TODAY!

Pay To: C = Custodial Par
S = Subscriber
P = Provider

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Par Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay / Office Visits	Co-Pay %	Payment	Patient Payment	P
CLIENT/ID: 5470 IND. HEALTH CARE TRUST FOR UAW RETIREES OF GM PLAN: DELTA DENTAL PLAN OF MICHIGAN											
SUBCLIENT: 0999 IND. HEALTH CARE TRUST FOR UAW RETIREES OF GM PRODUCT:											
13		CROWN	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP13000, AP16002, AP21005											
14		PONTIC	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP21005, AP16002, AP13000											
15		CROWN	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP21005, AP13000, AP16002											
<p>THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT.</p> <p>AP21005 PAYMENT WAS NOT MADE FOR THIS SERVICE SINCE THE LINE ITEM WAS NOT DATED WHEN THE PREDETERMINATION WAS SUBMITTED FOR PAYMENT OR IT WAS NOT A PART OF THE ORIGINAL PREDETERMINATION REQUEST. PLEASE SUBMIT A NEW CLAIM FOR THIS SERVICE.</p> <p>AP16002 THE CLIENT/SUBCLIENT DENTAL COVERAGE WAS NOT IN EFFECT WHEN THIS SERVICE WAS PERFORMED OR PROCESSED FOR PREDETERMINATION.</p> <p>AP13000 THE ENROLLEE WAS NOT ELIGIBLE ON THIS DATE OF SERVICE/PREDETERMINATION.</p>											
Total			2475.00	0.00	2475.00	0.00					

FOR INQUIRIES: 1-800-524-0149

CLAIMS PROCESSED BY:
DELTA DENTAL
P.O. BOX 30416
LANSING, MI 48909-7916

000000000594

SALVATORE SCIORTINO
461 CHAMBERS ST
SPENCERPORT, NY 14559-9788

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its participating dentists. For inquiries regarding participating dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

If your claim was denied in whole or in part so that you must pay some amount of the claim, upon a written request and free of charge, we will provide you with a copy of any internal rule, guideline or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. If you still believe your claim should have been paid in full, you may ask to have the claim reviewed. Your written request for a formal review must be sent within 180 days of your receipt of the ECB to the address listed. You may submit any additional materials you believe support your claim. A decision will be made no later than 60 days from the date we receive your request. If your claim is denied in whole or in part after the review, you have the right to seek to have your claim paid by filing a civil action in court within one year from the final denial.

ANTI-FRAUD TOLL-FREE HOTLINE 1-800-524-0147
Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

Sedgwick Claims Management Services, Inc
PO Box 69
Southfield, MI 48037-0069

DATE	CHECK AMT	CHECK NO.
06/04/2009	135.00	0001433283

PAYEE	TAX ID
SALVATORE SCIORTINO	

SCMS UNIT	PAGE
181 Sedgwick Claims Management Services	001

*001402 0001433283 00001 OF 00001 OPM 090603 1421

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

SALVATORE SCIORTINO
461 CHAMBERS ST
SPENCERPORT NY 14559

Claimant Name	Loss Date	Claim Number	SSN
SCIORTINO, SALVATORE	09/20/1984	8118119334-0001-01	
Amt Paid: 135.00	Description: Perm. Partial-Unscheduled		
Dates: 05/25/2009 - 05/31/2009	Comment:		